

# Zenith Foundation Annual Meeting

The first annual meeting of the ZENITH FOUNDATION was held in Vancouver on September 12. A good turn out of members was present to hear the president, Stephanie Heal deliver her opening address. This was followed by reports from Housing committee chair, Pat Diewold, Ways and Means chair, Andrea Richard, Debbie Brady acting for Sandra Laframboise on behalf of the High Risk project, and Stephanie Heal chair of the Communications committee.

The president explained that the High Risk Project has decided to go its separate way as a separate charitable organization. There are good logistical and philosophical reasons for this which have developed in the light of actual experience over the past year and we wish Sandra Laframboise and her team the very best in their endeavours. In the forthcoming year there will therefore be no need for a formally constituted High Risk committee but as some linkage will remain the trustees propose to appoint Debbie Brady as High Risk Representative while the separation of our activities proceeds.

Sandra Laframboise decided not to run for re-election, and we thank her for her

participation. Directors re-elected were Debbie Brady, Andrea Richard, Barbara Hammond and Stephanie Heal. New directors in the active category elected are Pamela Burge and Kevin Wilson. Directors from the support group appointed, were Pat Diewold, Sarah Wilson, and Daine Halley.

Officers and sub-committee members for the ensuing year are: President - Stephanie Heal; Vice-president - Andrea Richard; Secretary - Barbara Hammond; Treasurer - Patricia Diewold.

Chair - Ways and Means - Andrea Richard; Members - Stephanie Heal, Kevin Wilson, Pamela Burge.

Chair - Housing - Patricia Diewold; Members - Sandra Norton, Christine Burnham.

Chair - Communications - Stephanie Heal. Members - Anna Armstrong, Pamela Burge, Sarah Wilson.

High Risk Representative - Debbie Brady.

MEMBERS ARE REMINDED that as a charity we do not demand payment of membership dues if a member's circumstances do not permit. No one need feel embarrassed about stepping forward

and making application as we already have several members in this position. Naturally if one can pay in whole or part it is appreciated as we do have expenses to meet and membership dues are an important source of funds.

## INSIDE

From the Editor	Page 2
Disabling Aspects of Gender Dysphoria	Page 3
Universal Health Care	Page 5
Across the Sex Divide	Page 6
News in Brief	Page 11



# FROM THE EDITOR

## THE ZENITH DIGEST

### EDITOR

Stephanie Castie Heal

### Publication Committee

Pamela Burge

Sarah Wilson

Anna Armstrong

**COPYRIGHT:** All rights reserved. Articles published and carrying the name of the author are that person's copyright and are deemed to express the individual view of the author, which may or may not be in concurrence with that of the ZENITH DIGEST.

The ZENITH DIGEST is published by the Zenith Foundation, a charity dedicated to the well-being and advancement of all gender dysphoric people. Articles or content may be reprinted elsewhere, but with copyright in mind always acknowledge the name of the author, the source if it is a reprint article from another paper, and the ZENITH DIGEST if it originates with this journal.

### ZENITH FOUNDATION

Membership - \$25. per year  
(Includes subscription to The Zenith Digest). Single copies available at \$4.00 post paid.

### ZENITH FOUNDATION

Box 46,  
8415 Granville St.  
Vancouver, B.C.  
V6P 4Z9

Tel: (604) 261-1695

Fax: (604) 266-4469

From what we can determine issue #5 released in August was received very favourably and that spurs us on to greater efforts.

The ZENITH DIGEST is our main means of extending the frontiers of our contacts with government, the professional community and our own membership. In the fullness of time we hope to see development of a broader public - one which will increasingly understand the condition of gender dysphoria for what it really is, a natural condition and something of which there does not need to be an enormous fear.

However, one suggestion has come from one source, to the effect that the DIGEST should feature more news and less opinion. While we respect the source of the suggestion it may be a tall order as news items are invariably seen as reshapes of pieces printed in the newspapers and other journals, and while we use these whenever suitable, we cannot rely on them solely. Aside from that, the supply of suitable material is definitely limited.

Of course opportunities exist for presenting discussions on fashions and fads, make-up tips (little of which appeals to f-to-m readers), poetry and such, but our view is that other journals exist which deal with these topics, probably a lot better than anything we could do at this time.

As a newsletter, the DIGEST must relay opinion, ours and that of others, as this often is the essence of the sort of original news which we ourselves make within this community. Our interests require us to focus on social, poverty, political, economic and health topics within a Canadian context as they affect the gender dysphoric community, and if this can be done with originality so

much the better. However, whenever this can be helped by quoting American, British and other relevant sources there is nothing wrong with that either, particularly when it helps us gain a better perspective on our own problems and challenges. This could be described as our editorial policy.

On the subject of foreign sources and connections, an Australian friend of the editor, who now receives the DIGEST, asked what we could do that the IFGE journal TAPESTRY does not do effectively already. Not to take anything away from TAPESTRY, but it does not express a Canadian point of view, let alone ever relay any Canadian news.

We know there is much common currency between one country and the other in terms of gender dysphoria, for it is a condition which does not respect national boundaries, but in Canada we have our own unique blend of problems and answers to the dilemma. Much of our legislation is strictly made in Canada, our social values differ and while we are happy to describe ourselves as a kinder, gentler country we can always find cantankerous, combative elements who are a particular form of Canadian pain in the neck. Quite apart from all else we need to find modes and means of expressing ourselves within our society which are not a mirror reflection of our big cousin to the south.

Expression of points of view and opinions are therefore welcome and we will continue to express our own. They add refreshing dimensions to the lively newsletter which we aim to always be, and the journal which we see as being under active development. The only thing we ask is that correspondents and contributors keep their submissions in good taste, avoid slanderous statements and of course we always retain the right to edit submissions.



---

# Some personal disabling aspects of Gender Dysphoria

---

## A report to the Coalition of People with Disabilities on behalf of the Gender Change Employment Program

By Michelle Plett

**I** have been requested to write down some of the disabling aspects of gender dysphoria that I have experienced. First, I believe it is important for the reader to know that I am currently a client of the Gender Dysphoria Clinic which is associated with the Vancouver Hospital. Approximately three years ago I was diagnosed as gender dysphoric which means, to use a common expression, I am a transsexual. My background, very briefly, is that I am in my mid forties to mid fifties, currently married and teach in the lower mainland. Despite, at times, extreme mental pain, I am attempting to avoid going through the 'change'. At this time, there are only two reasons which prevent me from changing my sex. One is that I do not wish to lose the many positive aspects of my marriage. (My wife is my best friend and knows everything about my condition but is unable to be 'comfortable' with me as a female). The second is that I do not wish to suffer the financial costs that would be incurred if I were to lose my teaching position.

The reader will note at least one thing about this report up to this point. The statements above about my background are vague. The vagueness is deliberate so that, hopefully, it will be impossible for anyone to identify me. The reasons for this are explained below.

One of the disabling aspects of

gender dysphoria is that a person with this condition often experiences shame, guilt and an intense fear of being 'discovered'. While I did experience the first two of these emotions, which in themselves were disabling for me, my main concern now is that my 'secret' will be discovered by either my employer or my students and their parents. While my wife, some of my close personal friends and many individuals in the transsexual community know of my condition, I am very concerned that others not know of it. As a teacher, I could be subject to adverse pressures by parents and more particularly by students when I am teaching. While I am highly respected by everyone who knows me in the education community, this fear of discovery puts intense mental pressure on me. Before I entered the Clinic and received medication that helps to calm people with my condition, I was under extreme psychological and emotional pressures which, at times, made it very difficult to be as effective a teacher as I could be.

The medication I referred to above, while having a mentally calming effect, causes, as one of its side effects, breast growth. I am extremely sensitive to the medication so that I very quickly developed large and noticeable breasts. This effect was noticed both by my family doctor (who is also aware of my condition) and my wife. Because my wife

found it difficult to relate to me as a 'normal' man under these circumstances, this was also a stressor for me. Needless to say, my condition has necessitated a redefining of our relationship to each other within our marriage and this readjustment in itself has been extremely stressful for both of us. In addition, one of my colleagues noticed my large breasts and commented upon them to me. The comment simply 'slipped out'. It was not made maliciously. However, it caused tremendous emotional distress for me; so much so that I attempted a number of different ways to bind my breasts so that they would not be noticeable. All of this was to no avail. Because of this, I discontinued my medication in an attempt to reduce my breast growth. While they have reduced somewhat in size, the process of breast growth has not been completely reversible. Even though they are smaller now, they are much larger than would be considered 'acceptable' for a normal man. Consequently, I am unable to remove my shirt in public and certainly could not be involved in any kind of sport in the school or public environment that would require me to bare my chest. Swimming, for example, is now impossible for me.

Lately, I have suffered so much mental pain that I have had to start the medication again despite the full knowledge that breast

*continued on page 11*



# PROBLEMS IN TRANSITION

An Australian Viewpoint

By Ruth Farmer

A most distressing situation that arises in gender dysphoria is the problem of the transsexual (TS) who has Sex Reassignment Surgery (SRS) and then comes bitterly to resent afterwards. It is a situation as distressing for the pseudo TS as SRS is joyful for a real transsexual. This has plagued Gender Dysphoria (GD) Teams and some transsexuals for a long time. There are various ideas why this happens. Some GD Teams seem to have the idea that it happens because the candidate does not fit their stereotypes of what a woman should be. But that rule does not always work, and they can get paranoid about it, because such a failure is a black spot on their record. Because of that apparent non-fit, a Team told me I could not qualify for the SRS. They happened to be wrong, and fortunately I found another Team who saw who I really was. So, it can't just be gender stereotyping.

Another idea about the failures is that the pre-op TS mixes mainly with other transsexuals, and gets so much support from them that she thinks that she is quite OK as a woman -- but she is not. And when she has the SRS and goes out into the real world she finds she cannot 'pass' and so becomes unstuck. It is an interesting idea, but there are M/F TS's who live quite successfully as women for the necessary

two (or more) years required by the Standards of Care, but who still come to grief after the SRS.

Yet another idea is my own, what I call "The Irreversibility Syndrome" (TIS). This proposes that the problem is not necessarily the SRS itself, but the fact that it is so awfully permanent! It's done, you can't go back, and this is it. When that permanence hits the candidate she has problems. One way to test this would be for the candidate to undergo some relatively minor feminization surgery (and there are several) which is irreversible, but not catastrophically so. That happened to me, and it was quite an experience. If the TS is 'real' she will weather that storm and the final SRS will only be a detail.

Only a detail? Yes. Something like that which can change your whole life? Yes! The SRS does not change one into a woman; it only makes it easier to swim, wear slacks in fashion or to wear slinky dresses. Pre-op, one finds out whether or not one is a woman; a 'true' TS is a woman from birth, despite the unfortunate mistake on your birth certificate made by the delivering doctor. If so, then the operation only ratifies that state. Believe me, it changes very little, and nothing at all in your basic attitudes. If you have not sorted out your psychology before the Operation, you are in trouble.

The fourth theory is just that: that the trouble occurs because the prospective

candidate is not really convinced that the real Transition occurs in your head, not in the vicinity of your groin. Without that conviction, the SRS invites catastrophe. With the conviction, the SRS is only a convenience.

Owing to improved insight by GD Teams, the 'success rate' of SRS is now said to be some 70%. If the Team uses intuition and insight that rate should increase, especially if they consider the TIS. What about the people who make a bad transition? I have a deep sympathy for them. It is no use to point a finger of blame. It is only very wise to ensure that if you are contemplating the SRS, that you live at least two years in the gender of your choice (e.g., woman, for M/F) and that you do not depend too much on other TS's. You will learn faster if you take the plunge into the 'real' world outside the transgender community. After all, that is where you want to spend the rest of your life.

If after that two years (or more) you find that you are not really cut out for life in the opposite gender, you have two choices. You can go back to being a man, or you can go on to be a permanent pre-op transsexual, i.e., without the SRS. The former choice might be distressing, but it would be much less distressing than realising you had made a mistake -- after they peeled you off the operating table. Permanent pre-op status would be for those

Ruth Farmer is a gender changed woman who lives in Victoria, Australia and will be making periodic contributions to the Digest.

*continued on page 10*



# UNIVERSAL HEALTH CARE IN CANADA - MYTH OR REALITY?

## ONTARIO FAILS TO RESPOND

By Andrea Richard

The survey that has been on going for the past year is about as complete as it can be at this time. This survey involved 10 simple questions designed to glean information from Canada's provincial health ministries about their policies and care regarding gender reassignment surgery. The objective of the survey is to shed some light on the truth about the Universal Health Care System designed by the Federal Government of Canada, which is altered to suit individual Provinces and therefore can no longer meet the definition of "universality." It has been found that while some Provinces go to the wall to adhere to Universal Health Care, other Provinces alter, delete and thus create impossible obstacles to avoid providing the same quality of care as their neighbor. When this happens, those Provinces who do provide high quality care and funding end up carrying all the burden of the Provinces who are neglectful and irresponsible in their duty to the people they serve. This is as unfair to the Provinces providing care as it is to the patients who are forced to go to unfamiliar places for the help they deserve.

The results of the survey are shown below in summary with as brief an explanation as possible.

1. There have been over 66 gender reassignment surgeries done in Canada in the past 10 years. (This figure has been added up from the responses received. As there have been at least fifty in B.C. alone, the national total must easily be in the three figure range.)

2. The Clarke Institute in Ontario was recognised by most of the Provinces as the primary gender clinic with V.G.H. in B.C. and Winnipeg with their own clinics

secondary to the Clarke. Only the Province of Quebec relies totally on their own clinics to supervise the needs of their patients according to guidelines laid down by the Ministry of Health Quebec.

3. Four of the Provinces provide all psychiatric diagnosis and surgical funding after approval. Two of the Provinces provide psychiatric care and partial reimbursements for surgical costs based on the costing if the surgery had been done in that Province, however it must be noted that neither of these Provinces provide surgical care nor have any idea of what it involves. One Province provides only psychiatric care and one doesn't provide any care or funding at all.

4. Only three Provinces provide specific gender dysphoria care through their established clinics and five Provinces have no facilities at all.

5. The only Province in which surgical care is available is the Province of Quebec through Dr. Yvon Menard in Montreal.

6. Seven of the Provinces provide for surgical funding outside the Province at various rates and two do not.

7. Three Provinces provide for surgical funding outside of the country at various rates and six do not.

8. The only universality that showed up in the survey was that none of them have a yearly quota for surgical funding, even though some, as indicated above have such prohibitive health care legislation that it makes the idea of a quota laughable.

9. The criteria for patients of those Provinces who do provide surgical funding vary greatly from psychiatric

care and crossliving for one year to to psychiatric care and crossliving for two years or more. However, it was also noted that all of the Provinces except Quebec adhere to the Clarke Institutes criteria, whatever that may be.

10. The final question is of the highest significance in the writer's opinion. It asks if the Provinces' Ministries subscribe to the Harry Benjamin Standards of Care (H.B.S.C.) as designed by the Harry Benjamin International Gender Dysphoria Association (H.B.I.G.D.A.). This organization is made up of the finest minds in the world who study the gender dysphoria phenomenon. Only the Province of Quebec subscribes to these standards. Most of the other Provinces relayed their ignorance or simply do not recognize the H.B.I.G.D.A. or the H.B.S.C. or the expertise of the caregivers involved.

### THE PROVINCE OF ONTARIO DID NOT RESPOND.

The only conclusion one can draw from this survey is that universality in medical care does not exist across Canada. However, you might draw some conclusions of your own from the specifics of this medical condition and assume that if a survey on liver transplants were conducted with the same questions, the net result might be very universal. If bigotry, prejudice, discrimination and homophobia are the by-words of gender issues in health ministry circles, then universal health care will never exist and some governments will never assume responsibility.

This concludes this part of the survey and as new information comes in it will be published in the Zenith Digest. Responses to this survey are encouraged.



## WEEKEND REVIEW



HISTORY: Mark as Brenda, aged 22

□ LOOK at the faces in these photographs. One shows 22-year-old Wren Brenda Rees. The other is 51-year-old borough councillor Mark Rees, elected by the residents of Royal Tunbridge Wells in Kent. He is a volunteer tutor for the mentally handicapped and he raises funds for hospices.

He pays his bill on time, he picks up other people's litter, he votes. It is fair to say he is a responsible citizen. But Mark Rees does not enjoy the rights of others. He cannot marry, he is barred from adopting children, and he has no employment rights so he can be dismissed at the whim of his employer. He will have to retire when he reaches his 60th birthday, but it is his death certificate which will be the ultimate, and perhaps final, insult. *Unless the law changes it will read Mark Rees, female.*

Reprinted from the International edition of the London Daily Express newspaper.

**M**ARK is a transsexual. A man born in the biological body of a woman. He underwent gender reassignment - the medical name for a sex change - 23 years ago. Since 1971, when he began taking male hormones, Mark has been a man in social and sexual terms.

But legally he remains a woman.

Last week he spoke at the Lib-Dem conference in Brighton in his role as spokesman for Press For Change, an organisation dedicated to gaining legal reform for transsexuals in the roles they have adopted.

The group is supported by Alex Carlile MP.

Mark said: "Although sex change surgery is a recognised medical condition, with treatment

# Is Mark really still a woman?

By JANE WARREN

available on the NHS, the legal situation remains in the dark ages.

"This is despite the fact that

200 British women undergo gender reassignment to become men every year." Mark was a tomboy until he was pre-pubescent.

At 14 years of age he began to



feel distinctly uncomfortable in his female body, but it was not until he was 27 that he first heard the term "transsexual".

*Once he discovered his feelings had an accepted psychological basis and that treatment was available, he started taking hormones..*

He was 28 years old and at Birmingham University when he began having monthly injections of a testosterone derivative.

Within six months his voice had broken, thick hair grew on his face and limbs, and his body became more muscular.

He lived in the role of a man for three years before commencing surgery.

**D**uring this time he assumed his male name and changed it by deed poll.

He started to dress as a man full time, which simply felt normal and comfortable.

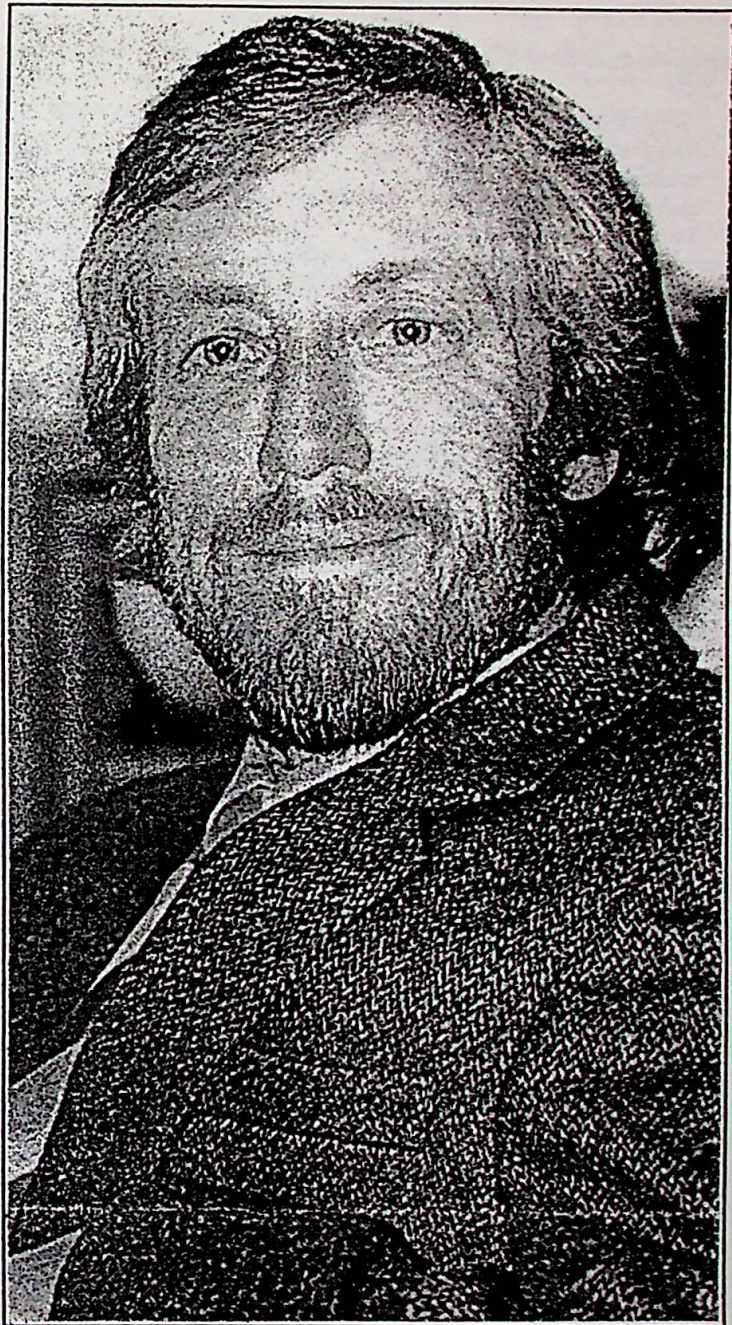
Mark is now stocky with a thick red beard.

*His voice is a muscular deep baritone, the result of taking fortnightly hormone injections.*

He has had a double mastectomy to remove his breasts and a hysterectomy to remove his womb.

In order to highlight the disruptive legal wilderness he now lives in, Mark has opted for a life in the public eye rather than maintaining the anonymity he would obviously prefer.

"I do not have the right to marry the person of my choice. I say, my choice, because the Government would say you *can* marry. You can marry a man.



*continued on page 8*

**MAN MADE:** Mark Rees is far happier now that he is living the role of a man



*"This would make me the blushing bride. It's not something I'm enthusiastic about."*

Transsexualism is not a whim or caprice. It is a legal medical condition.

Sufferers are united by their complete conviction that they have been born into a body which does not match the gender of their mind.

A situation which experts believe to be caused during foetal development.

"When I left college as a mature student with a degree in religious studies and English in 1979, it was my hope to become a priest in the Church of England," says Mark.

"But, because my birth certificate stated I was female, I could not proceed.

"I risk dismissal from a job if I do not tell my employer my situation, in spite of it not being relevant.

"If I do tell my employer, I risk the fact that their prejudice may stop them from employing me.

"We're damned if we tell, we're damned if we don't.

"It is impossible to pass a law banning ignorance and prejudice but I do believe that, if the Government did recognise us legally, then health, judicial and other authorities would begin to take us seriously," said Mark.

Alex Carlile MP describes the current law as cruel, "Britain lags far behind Europe and the U.S., where transsexuals have had civil rights for years."

Speaking at the conference, he added: "My determination is to bring

a Private Member's Bill to the House of Commons to make changes in the legal status of transsexual people.

"Transsexuals are at a great disadvantage in every area of life.

"In a civilised society, one should recognise realities. Mark is plainly a man. He should be treated as a man."

**S**UPPORT in Parliament is increasing. MPs who back transsexual people include Edwina Currie - who has lobbied the Lord Chancellor on their behalf, Lord Hailsham, Emma Nicholson, Ken Livingstone, Glenda Jackson, Sir Patrick Mayhew and Jerry Hayes.

I am currently writing a book with a female-to-male transsexual to be published in the spring.

In the year that I have known my co-writer, he has changed his name and started to shave.

*His muscles have thickened and hair now grows like shag-pile carpet on his legs, chin and chest.*

He is happier than he has ever been before, no longer is he living behind a mask trying to act like the woman the world expected him to be.

He has just signed up with a football team so that he can once again play the game he loves and has played since he was at primary school. But if he should fall in love and want to marry, he will be barred from marrying the person of his choice.

Just like Mark Rees and every other transsexual in Britain.

Mark explains: "The only way I can legally marry, other than marrying a man, would be to marry another transsexual. But in that

case, the man would have to take the vows as the woman, and the woman would have to take the vows as a man. I know a couple in this absurd situation. This is humiliating for them, so they have decided not to get married."

**N**EITHER can a female-to-male transsexual register as the legal father of a partner's child. A case is due to go before the European Commission for Human Rights in the next few months. Mark said: "My friend's partner has had two children by artificial insemination, but he cannot be registered as the child's father.

"Instead there is a blank space on the birth certificate. These children have been denied the right to a legal father."

Not long ago, Mark was in his local Job Centre and was able to see the computer screen where all his details were called up. On the screen were written the words "Mark Rees, single female."

Look again at the photograph of Mark and ask yourself: Is this fair?

## STEPS TOWARDS A SEX CHANGE

TRANSSEXUALISM is a recognised medical condition. Its clinical name is gender dysphoria, meaning gender confusion.

Transsexuals such as Mark have an overriding conviction that their minds have been born into a body of the opposite gender. They are unable to accept their biological sex because it does not reflect their own sense of who they think they are. They may feel they have been trapped in the wrong body from a

continued on page 12



## COMMENTARY

By "NEFERTITI"

### THE BRITISH SITUATION

The article on Mark Rees, a British F-to-M transsexual tells a sad story which with government enlightenment and the application of a little humanity and understanding could be avoided. Unfortunately the British position is repeated elsewhere throughout the world, partially because the politicians have their own agendas and priorities, and also because the churches, so often the arbiters of public conscience are invariably woefully behind the times.

Britain where democracy started, in spite of what the Americans may claim in the way of firsts, gave the world so much in the way of jurisprudence, the basis of modern law and the parliamentary system. The English Magna Carta of 1215, a feudal statement of liberties, predated the U.S. Declaration of Independence by only a matter of 561 years! In spite of this illustrious record Britain must be the cradle of assinine pigheadedness when it comes to dealing with transsexual issues.

As an example, here and elsewhere, consider the platform of intending candidates for parliament at election time. They will cajole and flatter the great intelligent electorate, sidestep tough issues, ignore overwhelming public opinion on major issues such as crime and the death penalty and then do as they damn well please when a free or conscience vote is taken on the floor of the house. It happens everywhere it seems and the last thing they want is accountability and recognition that the people who sent them up have a majority point of view as well.

In the furor earlier this year over the funding of certain welfare cases in B.C., the leader of the Liberal opposition in the provincial parliament, Gordon Campbell, when responding to a press enquiry stated that the subject would not have a high priority with a future Liberal government. What he meant was that gender issues would be at the very bottom of the pile.

### REFORM?

Consider the recent annual convention of the Reform party, a fundamental political movement for anyone with conservative ideas. Not to knock conservatives, by nature I am one myself! But regrettably it now seems to be attracting everyone from rigid right wing reactionaries and homophobic religious bigots to the idiot fringe who are pretty close to the skinhead and nazi elements in our society. I do not disagree with the principle of financial accountability in government at every level, but racialism is rearing its ugly head in their ranks, gun control is something they do not want (evidently preferring the law of the smoking gun) and as for rights for homosexuals that is simply out the window. According to them, gays are less than normally human and deserve only to be drummed out of society.

The Gender Dysphoric community would do well to be aware of this trend. A great many of us are not gay, but clearly some are. We are different, but that should not be an issue. Our condition is abnormal by society's stereotypes, but very much a natural phenomenon in its origins.

By one intelligent estimate there may be between 30 and 40,000 men and women across Canada actually or potentially affected by the condition. This population is made up of the identified minority to the unknown numbers who are imprisoned in their personal metal closets, and the youngsters in whom the condition is yet to be recognized. But be prepared, when opportunistic politicians discover us, they will do their damndest "in the name of God" to castigate us and consign us to the rubbish dump of humanity, regardless of the relatively far seeing legislation which exists in this country and is a model for what Britain could do to help its own transsexuals.

## MOVIE REVIEW

### THE ADVENTURES OF PRISCILLA: QUEEN OF THE DESERT

Written and directed  
by Stephan Elliott.

Starring: Terence Stamp, Hugo  
Weaving and Guy Pearce.

Playing at the Granville Cinemas.

Set against the rugged outback of Australia, *The Adventures of Priscilla* is the hilarious story of three drag queens traveling to the little town of Alice Springs to put on a drag show. The three, Mitzi (Hugo Weaving), Felicia (Guy Pearce), and Bernadette (Terence Stamp), all have ulterior motives for going which are revealed as the journey progresses.

In the case of Bernadette, she needs to get away for awhile to get over the death of her young lover.

Stamp, plays the transsexual Bernadette with a quiet dignity that sets his character apart from the flamboyant and often bitchy drag queens, Mitzi and Felicia. But while Stamp's portrayal of Bernadette is very polished and professional, it leaves no doubt in the viewers mind that this is a man playing a woman.

As for the two drag queens, both Weaving and Pearce do such a believable job, that its as if the makers of the film went out and hired two real drag queens for the parts.

In one scene, we find Felicia atop the bus (named Priscilla) with music blaring and about 30 yards of material flowing along behind her.

With an excellent supporting cast and set against the magnificent Australian countryside, *The Adventures of Priscilla, Queen of the Desert* is a well written comedy that makes no pretense at being anything other than what it is, a movie made to entertain. There will be those that go looking for political messages but in doing so, will miss out on a wonderful chance to laugh and enjoy themselves.



## BOOK REVIEW

**JUST JULIA -**  
Julia Grant:  
Boxtree Limited,  
London, U.K.  
ISBN 1-85283 481 1  
List price in Canada:  
Estimated \$20.

The reader of this true story needs a strong stomach. The author, the eldest in a large family was "dragged up", by a brutal alcoholic father who was often away for weeks at a time fishing in the North Atlantic. Mother, who while she did her best, was by any standard a prostitute. Beaten up regularly by the father, several of the siblings were by different fathers.

Young George quickly found his way into the seamy side of life in the Northern England town of Fleetwood. Starting with dispensing favours to men in public toilets, in a few years he graduated to full blown love affairs with gay lovers.

All the children were taken away from the parents and institutionalized and as a means of getting away from this George joined the navy. After leaving the navy various other adventures followed. He decided that as Julia he should go forward for gender reassignment surgery which was eventually performed in England. There were severe complications but not before the surgery was televised by the BBC for public entertainment.

It is not a pretty story but in terms of rising above adversity and achieving some stability in her life through a career in the London entertainment industry and dealing with her gender dysphoria, it demonstrates that there is always hope. It is interesting in pulling the curtain aside on a way of life which most of us have heard of but few have experienced.

(If of interest contact Perceptions Press, c/o Zenith Foundation, Box 46, 8415 Granville St., Vancouver, B.C. V6P 4Z9. Perceptions is planning to import a few copies.)

## LETTERS TO THE EDITOR

### REQUEST FOR HELP

*We have received a request for help in a research project from Ki Namaste who is working for her Doctorate in Philosophy at the University of Quebec in Montreal. Her self-explanatory covering letter is set out as under. Unfortunately Ki will have been and gone from Vancouver by the time this issue of the DIGEST reaches readers. We have copies of her extensive questionnaire and personal c.v. for anyone who is interested. Otherwise she can be contacted direct.*

Dear Zenith Foundation:

My name is Ki Namaste, and I am a researcher at the Université du Québec à Montréal, as well as an activist in the transgender community. I am interested in doing a survey of transgenders in Canada with respect to HIV and AIDS - where people get their information, how they act on it, attitudes towards sexuality, access to social services, etc. I am especially interested in these questions because so little research has been done on transgender communities, although many of us have been touched by the presence of AIDS/HIV in one way or another.

I am hoping for the assistance of the Zenith Foundation in the realization of my project. I would like to know if I could forward some surveys to you, so that your members could complete them and return them to me here in Montreal. I will pay for all the postage costs, and anonymity is guaranteed.

In addition to a draft of the survey, I enclose a copy of my c.v., for your interest and consideration. I have also included a brief that I presented to the Quebec Human Rights Commission on the subject of violence and discrimination against transgenders. (This document is now being distributed by TransEqual.) I hope you find this project to be worthwhile, and that you express interest

in becoming active participants therein. If you have any further questions, please do not hesitate to contact me. If you are interested in participating in this research, you need merely provide me with the name and address of a contact person, as well as an estimate of how many surveys I should forward. I shall be in Vancouver in early October, and will be in touch with Stephanie Castle as to the interest expressed on the part of the Foundation. I thank you in advance for your time, and look forward to hearing from you in the near future.

Very truly yours,  
ki namaste  
1664, rue Panet  
Montreal (Quebec)  
H2L 2Z6

(514) 527-5140

*continued from page 4*

who could not stand the possibility of going back, but who were distressed or incapable of going on. This is not such a bad choice, actually. The SRS only makes some things easier.

I have in mind a former friend in Tasmania, who went through the transition phase, went full time to live as a woman but felt that having a nice house was more important than selling it to pay for the operation. After a few years she became deeply depressed and cut all her old friends off without explanation. She obviously did badly in the transition, and surely it is as well that she did not have the SRS. But not necessarily for the reasons she imagined. I know that she passed well, and if she grasped the joy of womanhood she could have come out on the other side. That she did not was obviously due to her having a false idea of what it is like to be a woman.

To be a woman is only to be a slightly differently shaped human being. Your ability to enjoy life does not depend on it. That comes from inside, and without it, life is not worth living - as a man or as a woman!



## NEWS IN BRIEF

### RETROACTIVE FUNDING IN B.C.

British Columbia's Health Ministry after a desultory start following the election of the current government in 1991, seems to be making further progress on gender dysphoria reassignment surgery funding.

For some months now they have recognised the fairness of retroactive funding for those people who passed through the process during the period from when the previous government arbitrarily canceled funding, until it was reinstated on a limited basis about two years ago.

Provided the applicant meets their requirements in terms of two years crossliving, has been on hormones for at least one year, is gainfully employed, and otherwise passes the health requirements and receives the endorsement of a recognised clinic, a partial reimbursement is now possible and cheques are known to have been issued to certain qualifying people. All told it covers about one third of the cost at say Montreal and while it falls far short of total reimbursement it is as they say "better than nothing."

### HOUSING PROJECT GETS UNDERWAY

The first tangible evidence of what seems set to become a truly worthwhile charitable effort on the part of the ZENITH FOUNDATION opened its doors October 1st. The project located in Richmond, B.C., is providing far superior accommodation at modest cost to six members of ZENITH who are in transition through the Gender Dysphoria Clinic at Vancouver Hospital.

Named "Diewold House" in honour of Patricia Diewold, the registered psychologist at the Gender Dysphoria Clinic, Pat is well known to a good many of us in her professional capacity. She has been a tower of strength and enormous determination as chair of the ZENITH housing committee in bringing this project to fruition. She and her committee are to be congratulated on a splendid effort, as well

as Andrea Richard, honorary truck driver and Stephanie Castle Heal, Pamela Burge, Sarah Wilson and Sharon McDougall.

The project has its origins in the Transitional Housing Study undertaken in 1992 at Vancouver Hospital by Christine Burnham. Of the four models developed by Christine this actually ranks as the second and most practical in terms of members needs and the limited means we presently have available to us at ZENITH FOUNDATION.

If it works well there seems to be no

reason why we should not be able to organize further housing projects.

### GENDER DYSPHORIA CLINIC TO MOVE

The Gender Dysphoria Clinic is combining its facilities with those of the UBC School of Sexual Medicine (formerly at the old Shaughnessy hospital) in a new location in a new building about two blocks north of the present location. Occupancy is understood to be scheduled for Jan. 1995.

*continued from page 3*

growth will again take place. Essentially, the dilemma for me is that I can attempt to stay off the medication with incredibly intense mental pain or stay on the medication and develop very large breasts and consequently run the risk of 'discovery'. The large breast growth causes me to feel embarrassment to such an extent that I find it difficult to focus on my teaching. Also, the fear of the discovery of my 'secret' by my students creates extreme stress within me. Should my students discover my 'secret', I fear I would lose their respect which is such a necessary ingredient for successful teaching. Alternatively, I can stop taking the medication, but then all of the anxiety of this condition rises to the surface and the mental pain is so extreme I am almost unable to function. As a result I develop ulcers from time to time. Currently, I am attempting to play a balancing act between low medication dosages with, hopefully, less noticeable breast growth and the extreme mental distress caused by too low a dosage. At this time, I do not know whether or not I can be successful. In addition, I am taking medication for my ulcer.

Another disturbing and therefore handicapping aspect for me is the apparent unwillingness of school boards to deal with the issue of gender dysphoria and just exactly what they would do for a person in their employ who has this condition. About two years ago a letter was sent by the Clinic to a number of school boards in

the lower mainland to clarify their opinions on various employment issues for an individual such as myself, both while the person was going through the change (a period that would normally take between one to two years to achieve gender congruity) and the period after a successful change. Not one board responded to the Clinic's questions! Obviously, this is distressing to individuals such as myself.

In summary, I am probably typical of most pre-transitional transsexuals regardless of whether they are male to female or female to male. All of us are attempting to deal with our own inner pain and its consequences to ourselves, our loved ones and its possible impact on our jobs. Whatever we do, whether we remain in our present sex role or make the change to the other sex role, (despite romanticized versions of the transition to the contrary in some books and on some television programs) the decision is extremely difficult, usually emotionally painful and almost invariably involves significant personal and financial losses. Grieving seems inevitable for those of us with this condition. Consequently, we often have extreme difficulty coping with our personal relationships, work place relationships and the 'outside' world in general. Also the stress of this condition often leads to health problems. Hopefully, as society's knowledge of the causes, treatment and more importantly the profound impact gender dysphoria has on the individual and those close to him or her, society will become more supportive.



## HUNT NARROWS FOR GENE THAT HELPS MAKE GIRLS

The Associated Press  
New York

Scientists have greatly narrowed the search for a gene that may help fetuses develop as girls.

The work shows that the gene lies within a tiny piece of the X chromosome. Normally, fetuses that get two X chromosomes develop as females, while fetuses with one X and one Y chromosome become males.

Some people with one X chromosome and one Y chromosome who nevertheless developed as females were studied by researchers. The condition appears in about one in 20,000 women.

The researchers found that if a tiny piece of the X chromosome is duplicated, the resulting double dose of a gene it contains can overcome instructions from the Y chromosome to develop as a male.

Normally, this gene may play a role in making a fetus develop ovaries rather than testes, researchers from Italy and the Baylor College of Medicine in Houston report in this month's issue of the journal *Nature Genetics*.

## CLINIC CLIENTS IN NEW SURVEY

Several clients of the Gender Dysphoria Clinic who participated in the surveys which were done about three years ago in connection with Dr. Stanley Coren's book "The Left-Handers", noted that they suffered from sleep disorders. These clients have now agreed to participate in a new study being undertaken by Dr. John Fleming at University Hospital on the UBC campus. This study may well help the volunteers in dealing with their sleeplessness problems and at the same time enhance the purposes of the study.

## ZENITH TRUSTEES MEET WITH MANAGEMENT TEAM

The trustees of ZENITH had a meeting in July with the management team at the Gender Dysphoria Clinic and it was valuable and appreciated. A second such meeting is scheduled for November.

*continued from page 8*

young age. It is only when a transsexual child develops sufficient faculties of self-awareness that he/she develops a sense of "being different". This normally occurs at three years of age.

The world's first professor of sexuality, in Holland, believes he has located a biological basis for the condition in the unborn foetus.

Surgery involves a double mastectomy and removal of the womb and ovaries, which protects against the risk of developing ovarian cancer once female hormones have been suppressed.

Mark decided not to undergo surgery for the construction of an artificial penis. The operation can leave major scars on parts of the body used for skin grafts, and the new penis can be painful.

## ZENITH FOUNDATION

### Application for Active Membership

Please print clearly: Age: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Current status: M-F, F-M, Pre-op, Post-Op  
Other: \_\_\_\_\_  
Are you planning/undergoing  
medical treatment? Yes No  
Comments: \_\_\_\_\_

### Application for Supporting Membership

Name in full: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Interest in Zenith/comments: \_\_\_\_\_  
\_\_\_\_\_

A copy of your business card enclosed with this  
application would be appreciated.

Membership fees in both categories is \$25.00.